

INFORMATION

Project: _____

Location: _____

Client: _____

Room Number/Name: _____

ROOM ANALYSIS QUESTIONS (required)

1) Renovation / New Construction

- Renovation New Construction

2) Intended use of the room?

- Performing Arts Lecture Hall Office Mix Use
 Other (please specify) _____

3) Desired Installation date? _____

- Not known

4) What is the target budget? _____

5) Who will this be Quoted/Billed To:

6) Desired Product:

ACOUSTIC INFORMATION

ROOM DIMENSIONS (FT-IN)

Length Wall 1 _____

Length Wall 2 _____

Width Wall 3 _____

Width Wall 4 _____

Height _____

ROOM MATERIALS/FINISHES

Gypsum, Concrete, Brick, Glass or Other?

Floor _____

Ceiling _____

Wall 1 _____

Wall 2 _____

Wall 3 _____

Wall 4 _____

ARE CAD DRAWINGS AVAILABLE?

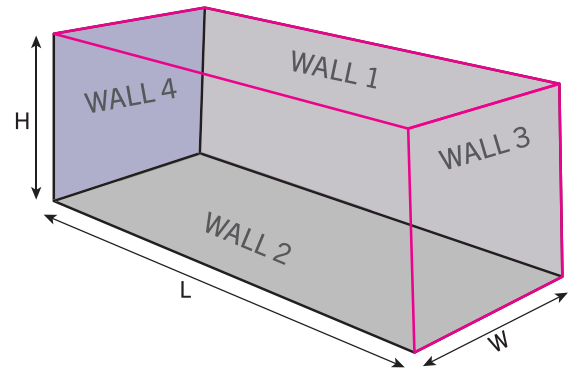
- No Yes (please attach)

NOTES _____

Please attach additional project information for review:

Specifications, Architectural Drawings, CAD/Revit Files, Images, Videos, Etc. For ceiling products please include a Reflected Ceiling Plan (RCP) detailing lights, HV/AC, sprinklers.

Submit completed checklist to: info@akouo-acoustics.com



STANDARD RT RATINGS (COMMON SPACES)

							AUDITORIUM				
							CHURCH				
							THEATER				
							CINEMA				
							BOARDROOM				
							CLASSROOM				
							HOME THEATER				
							RECORDING STUDIO				
0.2	0.4	0.6	0.8	1.0	1.2	1.4	1.6	1.8	2.0	2.2	

REVERBERATION TIME IS NOT A 'ONE SOUND FITS ALL' MEASUREMENT

OFFICE USE ONLY

Target Reverb Time _____

Estimated Reverb Time _____

Estimated Square Feet _____